NEW APPROACH
to
CANCER

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James C. Thomson

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A NEW APPROACH TO CANCER

Prevention and Cure

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A NEW APPROACH TO CANCER PREVENTION AND CURE

By

JAMES C. THOMSON,

Principal of
The Edinburgh School of Natural Therapeutics,

Author of
"An Introduction to Nature Cure";
"The Heart";
"Influenza";
"Appendicitis," etc.

With an Introduction by

J. F. CARSWELL, B.Sc.

Issued under the auspices of
The Incorporated Society of Registered Naturopaths.

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Dedicated to
J. R. T.
in sincere admiration
and gratitude.

3 AUG 1938

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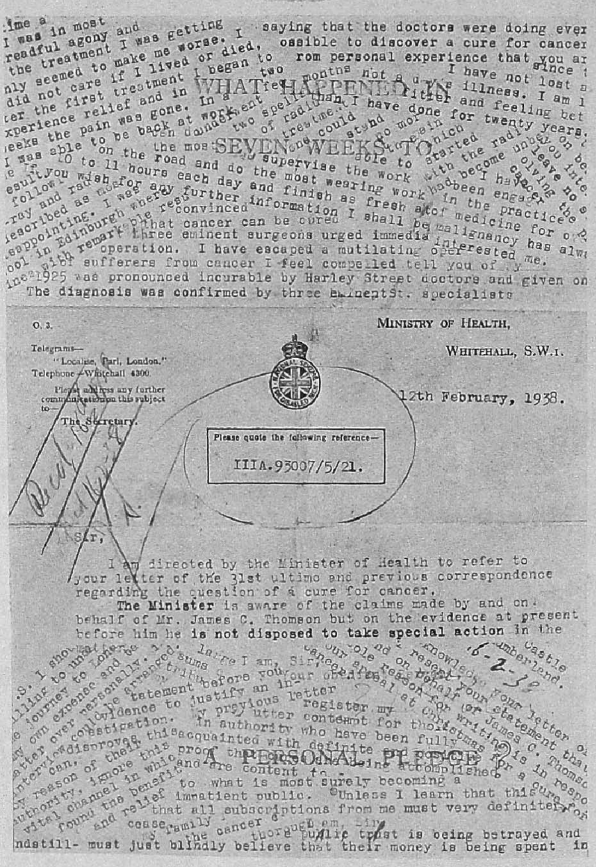

O. 3.

Telegrams—"Localise, Parl, London."
Telephone—Whitehall 4300.

Please address any further communication on this subject to—The Secretary.

MINISTRY OF HEALTH,

WHITEHALL, S.W.1.

12th February, 1938.

Please quote the following reference—
IIIA.93007/5/21.

Sir,

I am directed by the Minister of Health to refer to your letter of the 31st ultimo and previous correspondence regarding the question of a cure for cancer.

The Minister is aware of the claims made by and on behalf of Mr. James C. Thomson but on the evidence at present before him he is not disposed to take special action in the

The Minister . . . is not disposed to take special action.

(See pp. 21, 88 *et seq.*)

INTRODUCTION

BUT what about cancer?

I wonder how often this question has been raised when the subject of Nature Cure is under discussion. It seems to be a question which is foremost in almost everyone's mind when they are thinking about disease. Asked, probably, because the answer is usually so unsatisfactory. To the orthodox mind to-day there is no complete answer.

Cancer research has degenerated. It is now largely a study of symptoms and the effect of certain treatments on those symptoms. Over thirty years ago, however, orthodox research was being conducted along much milder and more progressive lines. For instance, the following statement was made in 1904 by two members of the Cancer Research Committee:—

> "It does appear as if the irritating stimulus which produced this result (cancer) might be of the nature of a chemical agency in the blood."

If this theory had been followed out, there is no doubt that the orthodox viewpoint of to-day would have been of an

entirely different nature. But the discovery of X-rays and radium put a stop to any advance along such constructive lines, since they were hailed as the complete solution to the whole question. The passage of years and the ever-increasing death-rate from cancer surely show how futile and useless such forms of treatment are. As Mr. Thomson himself has said :—

> "We cannot hope for results by treating the end-effects of wrong living."

The refusal of workers in modern cancer research to consider anything outside their own limited view-point reminds one of the definition of a specialist as a person who learns more and more about less and less until he finally knows everything about nothing.

This refusal is real and genuine, and seems to be shared by the editors of the daily papers. For years there has been a persistent refusal to publish the reports of the lectures which Mr. Thomson has given on the subject of cancer. I know that the *Lancet* and the *British Medical Journal* have been offered full particulars of cases, but they make no response.

Some years ago I heard Mr. Thomson say in a lecture :—

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"Recently a woman died in a London hospital as a result of inhaling asbestos dust twenty-six years ago. The fact that this one woman died after such a time-lag had a splendid press: all the newspapers commented upon it. *Had that woman died from any orthodox form of medicine no newspaper would have mentioned the occurrence.*"

The italics are mine and they emphasise a point of more than passing interest. A failure of the orthodox medical system is not looked upon as having any of what the editor calls "news value." On the other hand, apparent success—and it need only be apparent—is always given great prominence. As I write, many newspapers contain a glowing report of a very uncommon and dangerous operation performed on a patient's heart with the usual "great success." This story apparently did have "news value," but not so the gentleman's death. The only report of it has appeared in the obituary column.

I am exceedingly glad that Mr. Thomson has written this book, for it should not only come as a light in the darkness, but should dispel fear and offer hope. It will not only bring courage and help to those who are in distress, but I trust that it will do something to stir public opinion

against the system, itself a cancerous growth, which is preventing true progress and advancement.

My own introduction to Nature Cure came through reading one of Dr. Lindlahr's books. I was struck by the fact that no statements or claims were made which could not be substantiated. As a student of science I had come to appreciate only those theories that would work when put into practice. The first essential when an engineer makes a machine is that it must be practical. I found that this was the attitude adopted in all true Nature Cure teachings. When I was studying at the Edinburgh School of Natural Therapeutics, the scientific approach to all subjects—so fundamental in the teaching there—always had the strongest appeal to me. We students were never asked to believe anything which could not be demonstrated.

Throughout this Monograph the same predominating attitude will be discovered.

I feel it is a great honour to write this introduction and I am prepared to vouch for the suggestions offered. I have found them to stand the test of rigid practical demonstration.

J. F. CARSWELL.

3 AUG 1938

CHAPTER I

HOW WE TAKE WHAT HAPPENS

TO meet the present impasse in the public and professional outlook on malignant conditions I have adopted a new technique in presenting my thesis to the public. Personalities have been introduced solely for the purpose of obtaining a hearing. Established custom appears to have walled off effectively all other paths of approach.

I take this early opportunity of saying that no character, place or institution is fictitious. Every individual mentioned or quoted is, or has been, a living person. The situations are, for the most part, still in being, and the events have either taken place recently or are still in process of happening. I desire to state in unequivocal language that any quarrel I may have is with a system, and not with the practitioners of that system. The only exceptions are where there has been deliberate adoption of dishonourable means to stay the advance of the new methods.

The tragedy of cancer is not so much in the condition as in the reaction to the diagnosis by both physician and patient. As someone has said: " What matters in life is not what happens to us, but how we take what happens." Unfortunately, for most cancer patients, the doctor's acceptance of defeat is implicit in the diagnosis. That is *item one* of a pernicious routine to which I object strongly. But from my experience I should say that practically never is there malicious effort to produce distressing mental and physical results. In other words, my contention is entirely at variance with that of Dr. Cronin, as outlined in *The Citadel*. I believe the real evil in medicine is *not* the questionable practitioner—but I have gone into that elsewhere.*

Sincerity Not a Safeguard

As I see it, if a doctrine is false, the more conscientious and painstaking the practitioner, the more pernicious and deadly the results. That would appear to be inevitable. A false concept of the purpose and meaning of disease can, and does, destroy physical and mental health of both practitioner and patient.

---

* Preface to " Appendicitis." See Appendix, p. 84.

The sincerity of the doctor is not the question. Unfortunately, sincerity is no proof of anything except sincerity. But because I respect an honest man as such, even if he is a practitioner of mistaken methods, I have no desire to hold anyone up to scorn. For that reason I have withheld names and made certain changes in quoting the statements and documents which were not intended to be made public. So long as the authors of such quoted matter do nothing which would prove dishonest intent, I intend to respect their anonymity.

My deductions arising out of certain recurring situations and the applications of certain of our procedures are bound to appear unwarranted to those who accept the simpler germ theory as the whole philosophy of disease causation. We believe the germ theory to be an unscientific over-simplification of a rather complicated problem.

The Cause of Cancer

As a background to certain physical conditions we have a functional adaptation (disease-balance) taking place over periods of time usually extending to

many years. During this period, cause and effect have become inextricably confused for the superficial observer, but the cause is in the patient's heredity, environment, mental outlook and everyday habits: not in the tissue changes which have arisen out of these habits.

I believe this to be the reason for the present confusion so evident in "investigations" into cancer causation and cure. Cancer researchers concentrate their attention upon certain end-results and give no heed to the preceding sustained physiological imbalance which produced these effects.

The search for a germ or the virus remains barren of real results. In many bodily conditions it is conceivable that the germ may be the final straw. On the other hand, it is probable that the germ is, in most instances, a harmless or even useful inhabitant of the sick person's body; ill because the patient is ill. As George Bernard Shaw makes the sick bacillus say, in the first act of "Too True to be Good":—

> ". . . These humans are full of horrid diseases: they infect us poor microbes with them; and you doctors pretend it is we who infect them."

Be that as it may, we cannot believe that the germ is ever the be-all and the end-all of even the simplest bodily distress. The gradual accumulation of diseased matter in the tissues is the background—the real "disease." The immediate *exciting cause of the final flare-up* is a comparatively minor detail.

It would be as sensible to talk of matches as "the cause" of explosions. Admittedly there is a certain amount of *truth in such a statement, but it is the* implications of any such claim which constitute a distortion of the fact. In many explosions matches do not appear, and even where they do, the match itself is *only one factor.* Besides the match there must be the explosive material. Likewise there is a group of essential conditions. The match, like the germ, cannot be the whole story.

So the situation as we see it regarding the germ in disease causation is: as a factor—possibly; as *the cause*—emphatically no.

"Artificial Health"

That disease exudates can be driven back into the tissues by medical measures designed to injure the germ, we do not

question. But, as we understand it, that is merely attacking a symptom. The germ may be killed, but by no stretch of imagination could any such procedure constitute a cure. The body of the patient, made of the same protoplasmic material, may be injured at the same time. Dr. Alexis Carrel, generally accepted as a leading authority on modern medicine, has summed up our contentions for us in these words:—

> "Medicine is far from having decreased human sufferings as much as it endeavours to make us believe . . . the suppression of diphtheria, smallpox, typhoid fever, etc., are paid for by the long sufferings and the lingering deaths caused by chronic affections, and especially by cancer, diabetes, and heart disease."

In another place he says, rather plaintively:—

> "We should perhaps renounce this artificial form of health and exclusively pursue natural health."

It will be a happy day for all sufferers from civilised disease conditions if Dr. Carrel and his followers ever work up sufficient courage to go deeper into the possibilities outlined in these last few words. Until there is a general understanding of high-level natural health, I

believe the alarming growth of cancer must continue.

Be that as it may, the importance of his admission lies in the discovery that the leaders of two opposing schools of thought as to the correct treatment of cancer are agreed as to causation :—*The suppression of acute disease is paid for in the long suffering and lingering death from cancer.*

The Ancestry of Cancer

In a healthy body the above-mentioned explosive material—which can be stirred into action by any passing irritant—is not allowed to accumulate to any appreciable degree. In a state of natural, vigorous health, the person is protected by what may be called a hair-trigger reaction against external hurtful influences. For instance, if he eats something harmful he is immediately sick. In a more complex situation, where poisonous material has gained entrance to his tissues, there is an urgent effort to eliminate or modify it by concerted and more or less violent and temporary extraordinary action on the part of the kidneys, liver, lungs, skin and bowels, and/or to burn it up in a passing fever. When, through

old age or enervation, there are no longer responses of this nature to imposed impurities, these and other harmful accumulations begin to form within the body.

In medical circles this precarious state of sub-health (absence of symptoms) is to-day called "immunity" or "resistance to disease." A similar artificial state can be induced by the injection of vaccines, serums, and certain other physiological poisons.

It is this dangerous phase, during which the body's healing forces are temporarily subdued, which Dr. Carrel has sensed as not altogether satisfactory. This low-grade health—precarious *disease-balance*—permits of the accumulation of the highly explosive mixtures which are later liable to break down without warning. This "artificial health" can exist for months or years. Then sometimes the slightest bruise, pin-prick or "chill" brings sudden and inexplicable breakdown, or even death. Otherwise this is the slowly accumulated soil in which degenerative disease flourishes.

But it should be obvious that the malignant neoplasms which grow in such degenerated tissues *can never be "cured" by any effort directed against the end-*

result—the growth. Yet repeatedly those engaged in such peculiar activities assure the generously subscribing public that success is just round the corner. A few more months and the cancer cells will be defeated, and complete cure will be achieved.

Not only do training and psychology enter into the problem of real investigation; as matters are arranged to-day finance is a powerful determining agent.

The Public Misled

In this matter of cancer research the public is consistently misled. Repeated appeals for funds are responded to *because the public believes that everything possible is being done.* Unfortunately, this is far from the truth. Most of this publicly subscribed money finds its way into the coffers of that great industry—radium production and distribution. Again sincerity is not the question. I think we may take it as beyond need of proof that the greater the sums distributed for this expensive and destructive element, the less attention must be given to the constructive side of any investigation.

Here is a statement issued by the British Empire Cancer Campaign :—

> "If the world is to derive all the benefits that radium and surgery are in a position to give in cancer . . . men and women must know how the enemy is likely to attack . . . and what to do when they think they are attacked. . . . In cancer, successful treatment implies early treatment to an extraordinary extent."

Note how the fear motif is stressed. "Enemy-attack" is the essential thought. Radium or deep X-ray therapy to destroy the growth; surgery to remove the growth. That is what they mean by early treatment. There is no suggestion of regenerative effort, or of anything genuinely constructive. Note well the later remark on early surgery in view of the experiments of Drs. Hendrick and Loeb, mentioned on page 22.

Research Restricted

These "Investigation Committees" are either composed of, or ruled over by, medical authorities who restrict their activities to carefully defined, and always within strictly orthodox, limits. It appears to be foreign to their mode of thought to look into any plan which has originated outside their own group. Repeatedly I have offered to appear before these alleged investigation bodies. I have invited their officials to examine my

patients both during and after treatment. In most cases my offers have produced not even the courtesy of a reply.

Sir Kingsley Wood, Minister of Health, in his Christmas broadcast appeal for the Cancer Hospital, pledged his word to prospective subscribers that no stone would be left unturned in the search for a cure. A promise on such a serious matter should neither be given lightly nor looked upon by subscribers as a mere rhetorical flourish. (Ref., p. 88 *et seq.*)

We believe Nature Cure, as applied by adequately trained practitioners, to be a very likely-looking "stone." We would also invite Sir Kingsley to consider the possibility of action on the lines indicated in Chapter VI.

With its mind concentrated upon removing or destroying the cancer cell, the medical world insists that this is the line which all investigation must take. But with fear at the helm and destruction as the aim, nothing constructive is to be expected. The surgeon is encouraged to remove early growths, and so long as they are latent and benign, his "successes" are frequent—for the moment. But if further developments merit his consideration, he will note how frequently

these latent and benign growths later become malignant. There are no statistics available, but the frequency of such incidents is known to all whose work brings them into contact with the results. The surgeons themselves usually explain away and even exploit such flare-ups as proof that they did not go deep enough, but if they are conscientious and in possession of an excellent follow-up system, ultimately even they become rather shaken. I quote the words of one, given to me a few months ago :—

> "I have operated upon many hundreds of carcinomas, but I have watched the results too often. I would not have this operation on myself under any circumstances."

Benign Tumours Become Malignant

There is the classic experiment of Loeb. He showed that with a dormant tumour he could bring about rapid growth by merely drawing a silk thread through it. Cutting had a similar effect.

Then Burton J. Hendrick, the American cancer expert, says :—

> "Clinical observation long ago established the fact that any irritating interference with a cancer almost always stimulates its growth . . . when extirpated cancers in human beings recur, they increase in size much more rapidly than the original growth."

From my own experience, I should say that surgery may change a benign condition to a malignant condition; that with surgical interference in growths of established malignancy, the chances of a satisfactory outcome is lessened.

That is why I postulate as more than a probability the theory that the present financial support of the public given to "cancer research" is intensifying the problem. That may be why we are getting further and further away from cure, while the death-rate steadily increases.

Here are the figures:—

Year	Human Deaths from Cancer per Million People Living.	Year.	Human Deaths from Cancer per Million People Living
1842	173	1892	690
1847	274	1897	785
1852	306	1902	846
1857	327	1907	915
1862	367	1912	1,019
1867	403	1917	1,192
1872	429	1922	1,229
1877	488	1927	1,376
1882	534	1932	1,510
1887	615	1936	1,563

That is, over 800 per cent. increase in less than a century! These figures provide a problem. I believe there is an answer in *high-level health.*

Before discussing this aspect and as a basis of understanding between us, I would ask the reader to accept all statements, events, situations, institutions and personalities as strictly factual.

Having special consideration for newcomers to the Nature Cure point of view, I have tried to bring only the essential factors into my arguments. Likewise I have used only the plainest language. I do not claim this thesis as a complete statement, but if any exaggeration of the truth has crept in, it has been unintentional. My feelings are strong, and accordingly it is difficult for me to restrain myself to unemotional terms. It may be that in this direction I have not been entirely successful.

CHAPTER II

PRESENT TEACHINGS

THE problem of that peculiar cell-hysteria, *cancer*, is not insoluble. That is to say, it is no more insoluble than any other problem of biology. Authorities tell us that it baffles them, and in their abundant writings they relate the apparently insuperable difficulties encountered at every turn. But a careful scrutiny reveals a situation reminiscent of "Flatland." The solution hangs just over their heads, out in the open for anyone to see, but nobody looks at it. For some reason not readily discoverable, none of the Recognised Authorities can be induced to turn their eyes in the direction of the banned fact. They rush around it, and under it, looking into every nook and cranny; they cry to high heaven to grant them discovery. But it must be somewhere else. "Not there, not there!"

That is how it appears to the detached onlooker. But prolonged observation indicates that there is no real awareness of the proximity of what they seek. Gradually it dawns upon the observer that these people are living in "Flatland." They have been born (or is education the answer?) without a third dimension. *Length* they appreciate, *breadth* they understand, but *height* and *depth* are words without meaning.

The difficulties are essentially psychological. Self-imposed restrictions as to direction of search, and a holy determination not to acknowledge certain excommunicated data would appear to be the first essentials. The ancient who noted that there are none so blind as those who will not see, must have had cancer "research" in mind! The conservative researcher encounters mysterious resistances where others have found only a clear path. It would all appear to be wrapped up in our approach to reality.

The Beginnings

Personally, my greatest problem is to determine whether physical uncleanliness

or the psychic miasms, *hatred and fear*, are the primary biasing agents.

The mental stresses set up by fear are becoming more and more freely acknowledged. The fearful person is a pitiful object when his dread is open and acknowledged. When " for the sake of appearances " it is concealed from the world the effects can be devastating. That is not to say that the worst effects show immediately. The tension may pass and be repeated over considerable periods of time before any serious symptoms become manifest. *Fear and hatred* have much in common, and I think we may accept the probability of similar tissue changes arising from both psychic states.

How Fear Acts

The nerves—vasomotors—which control the size of the small arteries are affected by every passing emotion. It is through the vasomotor nerves that we blush with pleasure, and turn pale with fear. During a blush the vasomotors allow the small arteries to distend, and this, in turn, allows more blood to pass. With intense anger, hatred, fear or worry, the vasomotors contract the walls of the affected vessels and comparatively little

blood gets through to the tissues. Hence the pallor.*

That, in short, is the mechanism which starves the tissues of the hating person. Likewise with the frightened person and the worrier. These emotions set up certain reflexes within the body which result in malnutrition despite the greatest care in food selection, graduated exercises, tonics, etc., etc.

That is doubtless why Dr. Tilden noticed, twenty years ago, that those whose lives are filled with hatred frequently die of malignant growths, whilst happy individuals but seldom fall victims. There may be a moral here!

Hatred is not always recognised by the innocent onlooker. In certain circles it is not considered good form to give any evidence of such plebeian stresses. But,

* The reflex of anger, fear and hatred appears to reach its maximum within the structure of the adrenal bodies (Two "cocked-hat" glands, situated one over each kidney.) Here the controlling nerves produce a reversed action. The internal vessels are dilated, which results in an increased secretion of adrenalin. Any excess of this substance in the blood brings a violent response from the vasomotor nerves. This means that the systemic small arteries become smaller, which results in the blood pressure rising correspondingly. With many repetitions of these disturbing emotions, there appears to arise degraded cell response, with accompanying toxic and nutritional abnormalities.

despite all efforts at concealment, it is to be found, and sometimes in the most unexpected places. Economic, racial, national and caste feelings are all common stamping grounds. So uneasy is the control in political and what are called religious matters that the best people bar discussion on such topics!

As to Feeding

Cell cleanliness depends primarily upon correct feeding, particularly suitability and balance of foods. Orthodox cancer investigators usually attempt to belittle this fact. Here is a sample from "The Truth about Cancer," issued by the British Empire Cancer Campaign:—

The Place of Diet

> ". . . there is no shred of reliable evidence that consumption of, or abstinence from, any particular article of diet leads to the occurrence of cancer. . . ."

The paragraph quoted above appears on page 24. Yet on page 3 of the same book we find:—

> "If the food materials be deficient in quantity or quality, healthy life and growth are impossible."

If there is any problem directly connected with the prevention and cure of cancer, it is how to encourage healthy

life and growth in the tissues of the body. When the book first appeared, the contentions regarding food were answered by a group of food enthusiasts in a circular letter to the newspapers:—

> "The mortality statistics in various occupations issued by the Registrar-General show the death-rate from cancer to be 54 amongst agricultural labourers and 110 amongst seamen. This is an amazing difference, considering that both agricultural workers and seamen lead an active life in the open air. But the average agriculturist eats a considerable quantity of fresh, natural vegetable food, and usually he is too poor to buy much meat. On the other hand, the sailor lives chiefly on preserved and devitaminised foods which usually include an over-supply of meat. A high proportion of chronic diseases and an excessively high mortality rate are the common fate of sailors."

That may look like a good answer, but once again we face an alluring but misleading over-simplification. An item has been omitted which is no small factor in cancer causation. Every investigator knows that coal tar is a powerful irritant, and those who come in frequent contact with it (*e.g.*, sailors) show increased incidence of cancer. Absorption of coal-tar products—either industrially or in medicines—is a common precursor of malignant growths.

Coal Tar

For medical purposes, coal-tar derivatives are prescribed for many conditions such as headaches and neuritis. They are also used as hypnotics (sleep-producers), sedatives, rheumatism medicine and laxatives. The patent medicine manufacturers also supply coal-tar products for the same purposes. Likewise it is the base for many perfumes and hair dyes.

If the present phobias regarding microbes could be transformed to a reasonable precaution against coal tar in any form, internally or externally, there can be little doubt that this would lessen greatly the risk of future cancer.

The matter of a balanced diet for health maintenance has been gone into so fully elsewhere* that I do not intend to weary my readers with any lengthy discussion on this occasion.

The Fallacy of Short Experiments

The difficulty about diet is that most of those who make experiments usually "prove" their case by something which happened to one person over a period of a few days or weeks at the most. Such

* See Appendix, pars. 1, 2 and 3.

individual short term experiments are of little value because repeatedly a major factor is omitted. For instance, it is probable that the average person, *freed from fear*, could live for some three months or longer without food. Yet we have all heard of people who have "starved to death" in a few days. But death has not taken place because of any lack of food. In most cases it is terror arising out of fixed beliefs and probably complicated by exposure, which brings the fatal termination.

It is likewise with many a cancer patient. Before he comes under Nature Cure, he may have experienced a loss of weight to the extent that his condition may be described as "skin and bone," and yet one of our first efforts may have to be directed towards a cleaning up of the tissues of this already pitiably emaciated person. Naturally, relatives and other onlookers object, and their intervention may be sufficient to prevent the achievement of a satisfactory cure.

CHAPTER III

CANCER A SYSTEMIC CONDITION

AND what of physical uncleanliness? What part does it play in the initiation and development of cancer? Here is Dr. Lindlahr's opinion (*Nature Cure: Philosophy and Practice*) :—

"For many years I have been teaching that cancer is a constitutional disease . . . rooted in every drop of blood in the body . . . certain disease taints of food and drug poisons . . . irritate and stimulate the cells . . . and cause abnormal multiplication or proliferation in the form of benign or malignant tumours. . . . It may be caused by the gradual accumulation in the system of certain poisons which form in decaying animal matter."

Robert Bell, M.D., is unusually outspoken in certain of his conclusions. I take one or two at random :—

"Cleanliness is next to Godliness. It is equally true that filth is incompatible with health." ". . . (certain foods) entering into the dietary not only undergo the most offensive form of decomposition and give rise to the most noxious toxins, but also . . . favour their absorption." "I am convinced that cancer

can only take root and thrive upon a structure which has, for a considerable period, been gradually departing from the healthy standard, due to its being dependent upon, and being constantly in contact with, a polluted blood-stream. . . ."

Tissue Uncleanliness

Now let us return to Dr. Lindlahr. Considering the possibilities of further advance (?) along the present trends in State Medication, he says :—

"Before the child has reached the years of adolescence it will have had injected into its blood the vaccines, serums and antitoxins of smallpox, hydrophobia, tetanus, cerebro-spinal meningitis, typhoid fever, diphtheria, pneumonia, scarlet fever, etc., etc."

It is such products of decay and foreign matter from animal cells which constitute the most deadly form of physical uncleanliness. It is this form of uncleanliness that both of these teachers have in mind when they warn their readers. It is such accumulations which form the physical key to the abnormal proliferation (cell multiplication and growth) manifesting as malignant tumours. But for a long time before this hysteria of the cells is initiated, the body has made repeated efforts to master the unhealthy situation. Frequently the elimination of scrofulous

and psoric matter begins with enlarged tonsils, which first show acute inflammatory changes, with pus formation, and passing by stages to sub-acute and later to chronic conditions. With abuses of feeding and medication sustained over long periods, the enlargement metamorphoses into cheesy decay within the glands themselves. This complicated set of pictures gives an indication that the glands have been attempting to do more work than they can properly accomplish.

The only correct procedure is to lessen the need for vicarious eliminative effort. Surgical extirpation of the abused and overworked organ is no answer to the problem. The morbid matter, which was being carried out of the body through these extraordinary tonsillar activities, was nothing more or less than cellular excretion — physiological uncleanliness. With the exit closed (through surgical removal of the part) some other organ or part is called upon to form an exit; boils, open sores, hæmorrhoids, peptic ulcers, scrofulous glands, and such-like fontanelles of escape have to be established. To such exits these unwelcome poisons are directed by the vital forces and thrown out of the body. Any sus-

tained irritation—chemical or mechanical—may bring about the formation of similar exits at any part of the body. The difficulty in recognising the purpose of such an outlet and the immediate effects arising from suppression are to some extent indicated in Chapter IV, page 47 *et seq*.

Where Deposits Form

Under ordinary treatment, each of these outlets is in turn blocked by medical applications or by surgical removal. Ultimately all the available extra exits for the morbid matter are blocked. The only solution now open to the body's cleansing forces is for this unwholesome material to be assembled in some comparatively inactive part of the body. Dr. Lindlahr has explained this situation clearly, thus :—

> "Wherever in the system morbid secretions suppressed by medical treatment concentrate, there, inevitably, will be found the seat of chronic disease."

As to location :—

> "At corresponding ages single women are more liable to suffer from cancer of the breast than married women."—(Circular 826, issued by the Ministry of Health.)

Hahnemann's Psora

What is this matter which is so resented by the latent intelligence of the human cells, pushed out by the body's forces and prevented exit by medical "science"?

Hahnemann's *Theory of Psora* gives us an inkling. He believed that suppression of psoric parasites was the foundation of most civilised chronic disease. From the Nature Cure point of view, Dr. Lindlahr's summing up covers this point in these words:—

> "After suppression of itchy eruptions, lice, crab lice, etc., . . . (there are) organs and localities of the body in which the suppressed disease taints have concentrated.
>
> "Such suppressions represent not only the scrofulous taints which Nature was trying to eliminate by means of eruptions and parasites, but, in addition to these, the poisons contained in the bodies of the parasites, and the poisons which were used to suppress or kill them.
>
> ". . . the bodies of *the itch parasites* (sarcoptes scabici) *contain an exceedingly poisonous substance*—'psorinum.' When these minute animals burrowing in and under the skin are killed . . . *the morbid taints in their bodies are absorbed* by the system *and added to the psoric poisons which Nature has been trying to eliminate.*
>
> "Thus, after suppression of itchy eruptions, the organism is encumbered with three poisons instead of one: (1) the hereditary or acquired

scrofulous and psoric taints which the cells of the body were throwing off into the blood-stream and which the blood was feeding to the parasites on the surface, (2) the morbid substance contained in the bodies of the parasites, (3) the drug poisons used as suppressants."

He goes on to explain how this unholy mixture may be held latent in the system for many years before becoming active. How in combination with other disease taints and with food and drug poisons they form the basis of the different forms of chronic destructive disease.

". . . the itch or psora taint is actually at the bottom of the cancerous diathesis."

Physiological Uncleanliness

Not only do itch parasites contain deadly matter, but any decaying animal matter produces similar physiological uncleanliness. This, retained within the body, gives rise to vital strain and liability to ultimate breakdown. Until that breakdown occurs there exists a state of what I have called *disease-balance*. This is Carrel's "artificial health," which is the antithesis of high-level health, which embraces comparatively vigorous reaction against foreign matter. It is through this reaction that deposits of retained matter are prevented from forming.

According to our point of view, it is the body's violent reaction against this retained unclean matter which is called acute disease. The Nature Cure philosophy is that fevers, colds, diarrhœas and other acute disturbances represent a healing and cleansing effort on the part of the vital forces.

But the medical practitioner sees each acute "attack" as something which has come upon the body from without. The victim has "picked up a germ" in which no one sees any relationship to previous habits of the patient or to any previous medication. In medicine there is no sequence from one "disease" to another. Each disease is kept in a separate mental pigeon-hole. To the medical student it is ludicrous to suggest that an injection for diphtheria twenty years ago could have any possible bearing upon the cancer of to-day. Through his laughter and tears he will explain that acute disease is caused by bacilli, viruses, and so forth,—they have nothing in common with cancer.

For the correct answer to this argument I refer the reader to Drs. Carrel (page 16) and Lindlahr (page 36).

Injections

The toxins, cultures, and the injections generally, probably hold an approximately similar relationship to cancer as do the itch parasites. Remember that the cells from an animal—no matter how healthy—must be foreign matter when inserted into human tissues. The momentary reaction may be stimulating, but it is obvious that high-level health cannot be attained by such means, and the ultimate possibilities for evil are considerable. This, even when the source has been a *healthy* animal.

Unfortunately, most of the matter used for injections comes from the blood, excretions, pus or other exudates of diseased animals or humans. This unspeakable matter is injected (in the name of health achievement!) subcutaneously so that the normal defences of the body are given no opportunity to reject it. In this way, decaying matter is added to the already existing toxic overload. Here is a situation similar to that which has been already discussed. This new, decaying animal matter has approximately the same potentialities for evil as the decaying bodies of itch and other parasites.

The danger of cancer arising later out of such injections is no small one, and probably the risk is considerably increased when living matter is injected. Sera and cultures may contain animal cells which have become sufficiently atypical to approximate those which are to be found in the abnormal structures of a much-medicated patient. Consider the possibility of two groups of similarly-degraded cells, one already in the vitiated tissues of the host, and one coming from a diseased animal. Should they chance to have an abnormal affinity, I postulate as a possibility the danger of a foreign colony of short-lived animal cells becoming established and flourishing in the tissues of their human host.

Once started, any such colony of modified cells would be ideally situated to begin a process of rapid but uncontrolled and unwholesome growth.

Large and Small Families

To explain this point, a short deviation would appear to be indicated. It is a law in biology that animals living in circumstances which make survival difficult exhibit two phenomena. First, there are greater numbers born, and

secondly, their structures undergo frequent mutations—more and more individuals depart from the normal standards of habit and appearance. In the human kingdom, a mild illustration of these laws is to be found by comparing families living in the slums with those living in well-to-do circumstances. In slum areas the families are larger, and amongst the children more deformity will be found. In the animal kingdom we have many illustrations. There is the story of the lion and the mouse. The mother mouse boasted of her several litters each year, and each litter a large one, and jeered at the lion's solitary cub. The lion's reply was: "Yes, but mine is a lion."

Just as abnormalities appear more frequently in slum children, so cells of unusual shape and size would begin to appear in the new colony we have suggested as living in a wrong environment. There is no obvious reason why such a parasitic growth should cease to enlarge itself until it had destroyed its host. Before the end, the growth would be diagnosed as a cancer. This theory of occasional causation is one which has occurred to me several times during the past few years.

A similar natural law would appear to be in operation where any protoplasmic structure exists in the continued presence of any substance which tends towards destruction. This condition is fulfilled when there has been repeated medication, particularly with coal tar, arsenic, or certain metallic substances, or when foreign proteins or diseased matter of any kind has been introduced.

If my speculation has any validity, the fashion for culturing and injecting degraded animal cells into sick persons should have brought about a marked increase and a rising death-rate from degenerative tumours.

In so far as this test can be applied, the "ayes" have it; but, unfortunately, as we have already seen, there are plenty of other factors in modern medicine coming in to add their quota to the increase. No single test would ever seem to be a sufficient proof of anything in so complicated a field of study.

CHAPTER IV

MISTAKEN DIAGNOSIS

CANCER having been established, what can be done to achieve a cure? In my experience a high proportion of the cases at present diagnosed as cancer are curable. For the moment, the question of whether they are rightly or wrongly diagnosed is beside the point. After our treatment has proved successful it is frequently discovered that there has been a mistake. But previous to that, they have been typical, serious cases—the type which bring in their train lingering and unspeakable mental and physical distress, and which, outside of Naturopathic attention, would inevitably result in treatment by means of radium, deep X-ray therapy or radical operations. They are what Professor J. Arthur Thomson had in mind when he spoke of cancer as "a dirty fighter, maiming and torturing his victim before finishing him." Professor Thomson accepted the orthodox outlook, but whether his choice of the villain is

correct or otherwise, there can be no doubt of the maiming and torturing which accompanies the usual cancer treatment.

So it is only to that extent I can reassure my readers. I am in a position to say that *what has been most positively diagnosed as cancer by leading specialists has been cured.* Of that I am certain, but unfortunately that is as far as I can go. The reason is worthy of consideration. Whenever a satisfactory result has been reached under our care, there has been a rush by the expert diagnosticians to alter their own diagnosis. As far as my experience goes, this is the only set of circumstances wherein there is any exhibition of eagerness to admit an error on the part of the orthodox authorities.

Whenever satisfactory results are achieved by our (unorthodox) methods, the patient's relatives are told by the specialists, as a routine: " We must have made a mistake. It cannot possibly have been cancer."

The Mechanism of Cure

Personally, I cannot understand why we should be so distrustful of the forces

which built our bodies out of an almost invisible speck of protoplasm. The more these marvellous achievements are studied, the more we recognise an intelligence, the majesty of which can only be glimpsed by the human imagination. Yet these forces which did this awe-inspiring work of building a physical body are still at work, and, as I see it, if they can build a body, they should be able to repair it. Any success which is achieved in Nature Cure practice is founded upon this concept.

So my answer to the question, "Is cure possible in genuine cancer?" is that in cancer, as in any other serious condition, *the body is best left to do its own curing, but it must be allowed to do its own curing in its own way.* This may sound simple. Unfortunately, in civilised surroundings it is neither simple nor, in many cases, possible. The disturbing factors are early training and habits of body and mind. There is a widespread but completely false outlook as to the purpose and meaning of acute disease. When the body makes an effort for healing and cleansing purposes, it is seldom appreciated or encouraged. The salient points are neither understood nor even noticed.

In the words of Elbert Hubbard: "It is the nearest, plainest and simplest principles that learned men see last."

It is by no means only the medical profession who stop aches and uneasiness without reference to cause. In every great city there are almost innumerable shops where laymen purchase their favourite remedies—chemical or herbal. The benumbing agents of the profession are equally obtainable by the layman in their undisguised chemical forms or as patent medicines. Aspirin, phenacetin, phenolphthalein, etc., etc., are all used freely to ease various pains and discomforts. These and many other sedatives, headache powders and such like—even baby soothing powders—frequently are coal-tar derivatives. (For the effects of coal tar on the body, see page 30 *et seq.*) Consider the gradual cumulative effect over many years of this abuse. Add to this every effort at body cleansing frustrated, and then note the final result, which is *so* puzzling to those who brought it about!

Here is a recent case which I think illustrates how a trivial incident might indicate a solution.

Natural Cure

This patient was a woman, aged 48, frank and outspoken. As a result of her own and her friends' experiences she had lost all faith in doctors. She came to me solely as the lesser of two evils. She had not been to a doctor for eighteen years—since the birth of her last child. Her complaint was that there had been flooding for twelve weeks, with some irregularity previously and occasional headaches.

On examination it was found that the left breast had a large indurated fixed tumour and the nipple retracted out of sight, and with a slight suppurating wound external to the nipple position. Asked how long it had been troubling her, she said: "Eighteen months, but I am not worrying about that. It was getting worse for a time, but now it is getting much better."

I suggested twelve weeks as the approximate time during which there had been improvement. This she admitted, but impatiently said she did not wish anything done about the breast—she was anxious to have the flooding stopped. That, and that only.

Hope in Neglect

The belief of the medicals is that it is dangerous to neglect cancer. Indeed, they go much further. Here is a joint statement issued (1937) by Charles Hill, M.A., D.P.H., Deputy Medical Secretary of the British Medical Association, and H. A. Clegg, M.A., M.B., M.R.C.P., Deputy Editor of the *British Medical Journal*:—

> ". . . the only hope for a patient with a tumour —cancer—is early operation and treatment with X-rays or radium. To delay matters . . . in such cases is criminal."

Despite their authoritative statement, my impression remains that neglect, in medical hands, is the only hope for the patient. This case is an illustration. Here, so long as the flooding continued, I am prepared to believe that the malignant growth would have remained comparatively free from pain and latent, or even have become smaller. But, apart from the drugs which would have been used in medical circles, there is a tendency for flooding to stop automatically with the menopause. This is not always the case, however. I know of cancer cases where flooding continued until many years beyond the usual menopause

period. In such cases it was only when the bleeding stopped that the malignant growth became troublesome.

The routine followed by most professional men would be to stop the bleeding as rapidly as possible. I believe this procedure to be a mistake. It would remove the possibility of cure, whether done by medicine, thought force, biochemistry, herbalism, fasting, hydrotherapy, homœopathy or hypnotism. The only permissible method within the orbit of Nature Cure philosophy would be derivative: that is, the vicarious effort should cease because it is no longer necessary. The normal organs of elimination would have to be coaxed to do their work more efficiently, so that there would be no need of help from the uterine mucosa. It is of passing interest to note that the flooding in this case actually ceased in eight days under treatment along these derivative lines.

An Intelligent Leaving Alone

This is the type of case wherein what Tilden called "an intelligent leaving alone" is required. Personally, I know of no better formula; it is the only correct treatment in such a case. The

"intelligence" aspect had been neglected in this instance. The patient had been taking quantities of meat, fish and chicken "to make up for the loss of blood." This, combined with heavy tea-drinking, was adding greatly to the systemic difficulties. The overfeeding represented grave additional strains upon the nutritional, cleansing and neutralising mechanisms of the body.

Unfortunately, under the usual treatment, the patient is far too frightened and agitated by the name "cancer" to be able to apply calmly the necessary intelligent co-operation with the body's healing forces. That is so even in the unlikely event of a clear understanding of both the theory and practice of natural methods.

I gave particulars of this case to another patient who was similarly suffering from a malignant breast tumour. Her remark was illuminating. "That is exactly what happened in my case. I was given iodine and other things to stop the flooding. It was after that that my breast got so bad."

Real Cure

The word "cure" is used throughout

this monograph in the generally accepted sense of a satisfactory termination. In the technical sense a cure means a complete return to normal. As there has been much destruction in most cancerous conditions, a complete cure, in the strict sense, is not usually possible. Indeed, in remarkably few conditions—even the simplest—is there a complete return to normal. But a gradual recovery with increased vitality and a general sense of well-being, which enables the patient to continue his daily duties, is sufficient "cure" for the average person. Where malignant growths have been brought to a latent condition, there is usually a considerable diminution in the size of the tumour, but almost always there remains some thickening which can be felt at the site of the former malignant growth. This holds no menace for the person who has learned to live a Nature Cure life—simple healthy habits, and particularly tissue-sweetening foods receiving proper emphasis.

During the process of clearing up and quieting down of any malignant growth there are, as a rule, several unpleasant phases. First, a series of house-cleaning crises, where various organs or parts of the

body manifest unusual and often irksome activity. There may be recurrence of some partly forgotten discomfort of many years before, but the principal symptoms are usually dependent upon the particular area where the greatest accumulations have taken place. Itchy skin eruptions are very common, as are likewise fevers, diarrhœas and ulcerations. Each of these holds the field for some time, to be supplanted by some other unpleasant but essential cleaning-up effort. It is through these outflows of exuded matter that what we may call the soil of the growth is carried away.

The End of a Satisfactory Cure

Sometimes these efforts are brought to a successful termination without any great discomfort to the patient. As a rule, after a certain amount of this house-cleaning has been undergone, there develops a complete encystment (enclosure within a neutral wall) of what remains of the tumour. This is probably the most satisfactory solution in the majority of cases. In this form the growth will remain dormant without further discomfort, so long as certain essentials are given full consideration. A body which

has fallen so far behind with its normal, daily house-cleanings must be encouraged rather more than the average. That is why we emphasise the cleansing foods and encourage the patient for the rest of his life to eat nothing which would add greatly to the difficulties of normal elimination, and so add to the existing encumbrances.

Perhaps the foregoing is sufficient indication of why the experts *who confine* their treatments to the suppression of obvious surface symptoms are so certain that malignant growths are incurable. That is why orthodox authorities see in any cure achieved outside their own system only a proof of their own mistaken diagnosis! By their methods before and after the appearance of a tumour, every effort at tissue cleansing is turned back upon itself—not only flooding as described, but any form of extraordinary cleansing effort. Then there is the addition of the drugs, chemicals or biological matter to the existing overload: this, added to the poisonous exuding matter, finds lodgment in the tissues.

Whether suppression is done by orthodox medicine, by herbs or other simple means, is a minor detail. The

motive behind the prevention of any normal cleansing effort is essentially a fear thought. This mental attitude, accompanying all medication, presents no small difficulty. If cure is to be achieved, we must first have an understanding of the reason for these natural efforts. With misunderstanding arising out of fear and leading straight to alarm and panic, the usual catastrophe is to be anticipated.

CHAPTER V

WHEN CURES DO OCCUR

THERE is sufficient proof, for those who wish to see it, that there is something wrong. Either the diagnosis of specialists is utterly unreliable or correct treatment can produce a cure when the only alternative is an immediate, mutilating, and all-too-often futile operation.

Here are parts of a letter which I recently sent, by invitation, to the Managing Director of an Edinburgh Insurance Office:—

"Dear Sir,

"I would draw your attention to a certain widespread abuse of privilege which must involve the insurance world in grave financial loss. I speak with particular reference to what may be called medical misunderstandings regarding malignant growths (cancers). Certain of the basic fallacies are obvious, and I believe insurance offices are in a position to expose them. Indeed, it is because at the present time we have a client in common, whose case illus-

trates the point of this letter, that I am bringing the matter to your attention.

"Through our methods of treatment (the Lindlahr-Thomson system of Nature Cure) there are practitioners in this country achieving cures in malignant conditions which have been called 'incurable' by leading specialists and medical practitioners. With his permission, I refer you to the case of Dr. . . . Less than a year ago, his was diagnosed as a case of carcinoma and certified as incurable.

"It may interest you to know that when I first examined Dr. . . . I said that I thought we could produce a cure, but at the same time indicated that, in all probability, the specialist's opinion would be changed as soon as a satisfactory result had been established. Instead of admitting that we had achieved a cure, the profession would confess to a mistake in diagnosis. Now that the treatment has met with a certain degree of success, the routine procedure has come into action. I am informed to-day that the certificate of disability has now been changed to chronic inflammation. At the same time, an acknowledgment was made of previous mistaken diagnosis.

"We are so used to this attitude that we consider it to be dishonest. It is more than probable that your attention has not been drawn to this type of evasion and the implications—financial and otherwise—involved. Yet it has become a routine abuse, which in any other field would indicate either atrocious inefficiency or be called fraudulent.

"As you may be interested, I enclose a report

which gives a newspaper reporter's version of an even more glaring instance.*

"This man is to-day fit and well, but before coming under our care I am informed that he was demonstrated before medical students of Glasgow University as an utterly incurable case. In this example, likewise, the excuse offered later was that there had been a 'mistaken diagnosis'! This despite the fact that they made and hold microscopic slides and X-ray plates which they earlier claimed were incontrovertible proof of malignancy.

"I think you must agree that there are but two alternatives:—

"1. Either we *do* achieve cures in these cases, and if so, we should be given credit. Meanwhile it would be to the advantage of insurance bodies to be able to advise clients from their knowledge of the facts. The registered Naturopath is in a position to give this general advice to insured persons—how to maintain health and vigour.

"2. Alternatively, if our successes in such cases are solely due to mistaken diagnoses of specialists, it would appear to be more than strange if such mistakes were only made in cases which come under our care. If these mistakes are common, this means much

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* This enclosure was a reprint from the *Sunday Referee* (3/2/35), a copy of which will be gladly sent to any reader on receipt of a stamped, addressed envelope. Address:—The Secretary, Edinburgh School of Natural Therapeutics, 11, Drumsheugh Gardens, Edinburgh, 3.

unnecessary expense incurred by your own and other companies.*

"I suggest that the time is now ripe for this matter to be probed by the executives of insurance bodies. If the insurance companies of Great Britain would join with practitioners of the new school, it might be to the advantage of both. As you have most of the details of the case I mention in your possession, you may easily check my statements.

"An exactly similar situation exists in the case of asthma, heart conditions, nephritis, high blood pressure and the other so-called 'incurable' conditions.

"I shall hold myself ready to furnish further details and give what help I can towards putting the facts before any committee or meeting you may care to convene. There is no reason why your bodies should not recognise the more modern methods, which, we believe, not only restore health to the ailing, but may bring vigorous health to those who are only fairly well."

"Spontaneous Cures"

That is a fair synopsis of how and why the public is being misled. It explains our difficulties at the present time and

* Considered from the patient's point of view, there is also the expense and business losses attached to a quite unnecessary major operation, which would at best mutilate for life and incur danger of invalidism and death (also refer back to Loeb's experiment, page 22). These were items not mentioned because not proper to the subject of the letter.

our attempts to solve these difficulties. For those who can read between the lines, it also indicates the desperate straits of official medicine. All too often it is impossible for us to arrange the circumstances (mental, physical and environmental) which would permit of a cure.

A fairly common reaction of many specialists to our successes is well illustrated in a letter just received from a patient. She tells of how, at a London social reception, she met a Professor who, as specialist, had been called in on several occasions by her practitioner.

The previous meeting had been several years before, when she had been in a very serious condition. The Professor first expressed amazement at seeing her looking so fit and full of life. This greeting was immediately followed by a question as to what new means his colleague had used to bring about a cure. On being told that the credit belonged to Nature Cure, he overwhelmed the patient with questions as to what we had done. In self-defence the patient offered to invite her Naturopath to send full details of her treatment. The incident, as described in the letter, concludes :—" I never dreamed that Professor —— would deliberately close his

mind to any form of scientific healing. He had seemed sympathetic enough to be genuinely enquiring. He did not help me at all, and when I left his hands I was in a state of continuous pain. Yet his reply, friendly but curt, was :—'Our practices are so far apart, I do not think anything would be gained by correspondence.'"

The bearing that this and similar incidents have upon the public outlook on incurable diseases may not be obvious to the casual reader, but the effects are pernicious. In standard medical works there are always records of what are called "spontaneous cures." We read of cases where the conditions were desperate and the practitioner unable to afford any relief, and then, "without undergoing any treatment," the patient begins to get well.

There is a catch in that charming story. Unless I am much mistaken, the letter just quoted shows the wheels going round. This Professor will be unusually generous if, in future lectures to his students, he discusses this case and gives credit to the Naturopath and his treatment. If the case is mentioned at all, it is probable that it will be dismissed with some such phrase as "This patient experienced spon-

taneous cure without treatment." After that, no further mention will be made of either the patient or the cure. The fact that there was a change in the patient's diet and general mode of life ; that careful manipulation and hydrotherapy treatments were given, and that by psychological readjustment, fear and other benumbing tensions were dissipated, whilst coal-tar, arsenical and other medicaments were discontinued—all that will be passed over in silence. A silence which is eloquent; but it is more than that. It is a silence which, under the circumstances, I would suggest as being anti-social and criminal in the truest sense of the word because it prevents the spread of knowledge on cancer regeneration, which could save thousands from suffering and death.

How "Cancer Research" Might Succeed

I imagine the reader will agree that no body of physicists, engineers or chemists would find it beneath their dignity to investigate a constantly-recurring phenomenon simply because their theories could not account for the happening.

Groups of words do not always mean what they seem to imply. All too often

the phrase "spontaneous cure" is a misrepresentation to both student and patient.

As we see it, any spontaneous cure of cancer is not an experience to be dismissed lightly. The scientific approach would be to uncover every detail of what the patient had done and left undone. *Every move should be examined minutely in order that further spontaneous cures might be arranged for.* But to-day, in medical text-books, spontaneous cures are mentioned and dismissed without further consideration. Meanwhile, the death-rate from cancer continues to grow.

I believe it is because we of the Nature Cure School have studied spontaneous cures that we are able to duplicate and improve upon the circumstances and so produce similar results more or less to order. I believe that real advance in cancer research will come when there is less anxiety about professional dignity and more curiosity about these "spontaneous cures."

CHAPTER VI

COMMERCIAL FACTORS

IN our present state of social evolution there are features affecting the individual health and well-being which are beyond individual control.

One of my early patients, Upton Sinclair, asks these serious questions:—"Who furnishes the raw material for your thoughts about life? Is it honest material? . . . When is a bribe not a bribe? When is it legitimate business?" He continues: "The spending of millions of dollars upon advertising is perfectly legitimate—it does not have the slightest effect upon editorial policy. An editorial reproducing completely the point of view of the large advertiser—that is pure coincidence."

Of course, Upton Sinclair is a cynic and he is speaking of the United States. It is peculiar, nevertheless, that even in Great Britain many of our food, drink and other commonly used products still contain dangerous organic, chemical and metallic poisons.

Doubtless, many of our large food manufacturers would be only too pleased if the adventitious, hurtful material could be excluded. But this is not always true. In some instances the deleterious matter is added for the purpose of covering up some deficiency or in order to make the article more saleable. Sometimes it is added to reduce the cost of manufacture. Frequently it appears as a preservative.

The awkward situation is that at present, in Great Britain, hundreds of thousands of pounds go out to encourage the consumption of harmful merchandise. Advertising is one of the great sources of revenue enjoyed by the topical Press. It would be indiscreet for an editor to hint at anything which would undermine public confidence in any of the large advertisers.

Also, whatever the reason, those whose duty it is to prevent the abuses are either strangely silent or they are found to be strongly upholding the questionable products. We even find them publicly advocating that their use should be made compulsory!

Here are a few of the commoner commercial processes and effects which are of more than passing interest to

those who wish to discourage cancerous growths :—

Fresh Fruit

is sprayed with arsenate of lead (also some vegetables) as a protection against moths and other insects. Small quantities of the residue are to be found in apples and pears, and also, to a smaller extent, in other fruits and vegetables. Arsenic, apparently from similar sprays, has been found in mushrooms, rice, cauliflower, cabbage, lettuce and dried fruits, as well as beef, veal and mackerel.

The German writer, K. Lendrich (*Bulletin of Hygiene*), claims that in many samples of apples he found both arsenic and lead, but all contained arsenic. Although the amounts were small, he was not satisfied that it was safe even in these small quantities.

To indicate the danger, I may quote Professor Rosenau (*Preventive Medicine and Hygiene*) :—"Small quantities of arsenic, continued for a long period, may give rise to growths of a cancerous nature."

(For the health-seeker's information I may say that the major concentration of lead and arsenic from such sprays is to

be found in the stem and calyx of the apple or pear. If the fruit is quartered and the top portion of the peel—beside the stem—removed, along with the core, before eating these fruits, all serious danger from this source will be avoided.

Dried Fruits

are still sold which are heavily loaded with sulphur, in many forms, to "prevent discoloration and improve the appearance of the dried fruit." The principal fruits affected are apples, apricots, pears and peaches.

Sulphur adds considerably to the physiological imbalance accompanying tumours and the symptoms of poisoning are given as: increase in uric acid; destruction of white corpuscles; belching of sulphur dioxide gas; inflammation of the mucosa of the mouth; pains in the teeth, accompanied by symptoms of malaise, headache, backache, nausea, albuminuria, anæmia, dull eyes and a listless manner. Yet in their text-books, dryers are told how to fumigate apricots, peaches and pears with finely-divided sulphur or the fumes of burned sulphur, and sulphur dioxide.

Governmental efforts in the campaign

for physical fitness might be more successful if directed against the sale of such doctored foodstuffs.

The Processing of Flour

to render it white, first removes most of the beneficial acid-neutralising elements, and so encourages tissue-souring; then certain poisonous agents are used to bleach the flour. The commonest at present in use are chlorine, nitrogen trioxide and benzoyl peroxide. Please understand that these chemicals add nothing to the nutritive value of the flour. All are positively detrimental to the consumer. Their harmful effects are considerably added to by the fact that in commercial bread-making, what are called "yeast foods" are being used more and more freely. These contain potassium bromate and other injurious chemicals. It should be sufficient indication of the seriousness of the situation to mention that the use of this ingredient has been banned in France.

In Meat,

the fresh, red colour is frequently the result of a generous dosing of stale and slightly decomposed meat with sodium

sulphite. This restores the colour and appearance of fresh meat and destroys the odour of putrefaction. The consumer is therefore not only encouraged to eat mildly decayed meat, but is adding to his digestive and kidney difficulties with the sulphite.

Dried Foods

According to Professor Edwin Oakes Jordan, there is danger in preserving food by wood smoke: "the chemicals deposited . . . are of a particularly objectionable nature, and their continued ingestion may quite conceivably lead to serious injury." The commonest foods affected here are smoked bacon, ham, sausage, beef and fish. Wood smoke produces effects within the human tissues similar to those of coal tar and its derivatives.

Metallic Contaminations

may arise from the habit of eating tinned foods, as well as from foil-wrapped products. Lead, tin, aluminium and iron may gradually accumulate in the tissues from the use of such foods. All are conducive to the production and continuance of malignant tumours. Lead, tin and copper taints may also arise in beer,

water and other liquids from piping or from being held in vessels made of or containing these metals. The cooking of food in aluminium or copper containers is likewise a source of metallic contamination. Exceedingly careful and prolonged tests made in the laboratories of the Edinburgh School of Natural Therapeutics showed, however, that the major erosion occurred *when the food was left standing in the pot* after it had been cooked.

(Clean, fresh, unwrapped foods, cooked in earthenware or heat-resisting glass containers, would seem to be the ideal defence against this danger, but cast-iron or high-grade enamel-ware both proved to be quite satisfactory as far as careful tests show.)

Finally, there is the

Pasteurisation of Milk,

which destroys certain vital qualities. This processing prevents the quite healthy souring of milk, but it favours a slow form of putrefaction which does not seem to be so readily sensed by those who have debased their normal taste and smell by heavy smoking, drinking, or by the over-use of condiments. Very large

vested interests are involved in this industry and unlimited money seems to be available for propaganda purposes. The result is that nothing antagonistic to pasteurisation is given a fair hearing.

We are told that pasteurisation must be made compulsory because it preserves the milk and it is our only safeguard against tuberculosis. The facts are entirely to the contrary. The real "benefits" would appear to accrue to large distributing firms as against their smaller competitors. These advantages (?) are not to the consumer. They are, first, that "fresh milk" need no longer be fresh; and secondly, that stale, dirty and partly decayed milk can be sold as (legally) fresh milk. It is not what Upton Sinclair would call "honest material," but it has an excellent legal standing. (Ref., page 92.)

How all this has been accomplished I cannot say, but the results of this vitiation are as should be expected by any sane person.

For those who are desirous of getting at the facts, I shall mention merely two basic experiments :—

1. Calves fed on ordinary, raw milk thrive and gain weight normally.

Calves fed on pasteurised milk become sick and die.

2. 1,500 boys divided into two groups (750 in each). For a period of five years, in addition to their ordinary food, which is the same for both groups, group one receives ordinary raw milk and the other pasteurised milk. In the case of the pasteurised milk group, *the incidence of pulmonary tuberculosis was fourteen times greater* (1,400%) *than that of the unprocessed, raw milk group.*

The moral of this chapter is that all investigation of foodstuffs should be free from subsidy (open or covert) by any interested group. Until we have honest investigation and a national effort aimed at obtaining *food grown in suitable soil, under healthy conditions, and delivered to the consumer fresh, uncontaminated and free from all questionable commercial processings,* it is impossible for the individual, be he physician or patient, to prevent tissue-poisoning creeping in somewhere.

It is not that there is need for further expenditure in this national effort. At the present time the Government spends ample sums of money on health services,

but somehow, in this field, so many efforts become sidetracked before they reach their goal. Unfortunately, also, vested interests have considerably larger sums available for propaganda and certain other subtle influences.

As Mr. F. V. Wells, the Editor of *Soap, Perfumery and Cosmetics*, has said :—

> "This country lags far behind the United States and certain of the European countries in the matter of adequate Government supervision of manufactured preparations, such as foodstuffs, patent medicines, soaps, cosmetics and toilet preparations. It is well known that some newspapers and periodicals in this country accept advertisements that would never be taken, for example, by an American publication, owing to the Federal prohibition of unfounded claims."

The Spectacular Appeal

I have already shown that, as at present administered, the money subscribed by the public for cancer research is, at best, but an effort to deal with an end-result.

It has been said that cancer research societies are too deeply involved and cannot now change their policy. Their present widespread public support is said to arise out of the dramatic appeal of

radium—its fabulous expensiveness, its mysterious radiations, and the well-publicised difficulties of isolation, purification, etc., etc.

There is a satirical tale in metre which relates how the public loved " the ambulance down in the valley " and subscribed handsomely for its upkeep. Then a man arose and suggested that a fence around the top of the cliff would prevent all the accidents. The leaders of the people were aghast. Deprive the public of all opportunity for expression of mercy to the injured! And sympathy with the bereaved! No emergency hospital! Highly-trained technical staffs out of work! A shocked public would have none of it. So the man was lynched and the work of mercy proceeded as in years gone by.

This chapter is a plea for an inflexible, sustained and rigorous effort which could become a fence to prevent mankind from falling into the valley of degenerative disease.

Credo

I believe the public could be educated to appreciate an honest effort. The loss of the emotional appeal of cancer hos-

pitals and the drama of radium would not be irreparable. Bold diagrams of a graph, *showing the beginning of a downward curve appearing for the first time* in the depressing figures on page 23, could be exhibited on hoardings, in newspapers, lantern lectures, and so forth.

With a full appreciation of the seriousness of the situation, and a knowledge of all it implies, I wish to declare, as emphatically as may be, that I believe *IT COULD BE DONE.*

How success might be achieved may be indicated through a few quotations. Professor Hastings Gilford has said :—

> ". . . after a quarter of a century of research we can see to what a deplorable waste of energy and ability and money this academic, aimless toil may lead. . . . The problem of the causation of human cancer is not to be solved by experiments on lower animals."

That was in *The Lancet* of Oct. 25th, 1930.

Dr. Ulric Williams (N.Z. *Mirror*, Dec., 1937) has clearly indicated why :—

> "People fear disease. If they feared wrong living as whole-heartedly there would be less disease!
>
> "When symptoms present themselves, we run for advice, and those who are trying to help immediately begin an 'investigation' in the sick bodies for the cause of the trouble.

That is why it is so seldom discovered. For the causes are not in our bodies—that is where the effects are. The causes are in our methods of living—or the absence of any.

"Orthodox methods, far from reducing the incidence of disease, have become in fact the second in importance of the two principal causes."

From the *Medical World* (July 24th, 1936) comes a suggestion which indicates how the vicious circle might be broken :—

"Modern cancer research has failed to throw any light whatever upon the causation or treatment of the disease. This is not to be wondered at when we come to consider the utterly absurd methods used by research workers. . . . *It is high time that some steps were taken to discover the real reason why these are persisted in,* in spite of the fact that they have yielded no results."

The italics are mine. The phrase has been emphasised because, occurring where it does, I believe there is a world of meaning behind these carefully-chosen words.

To bring the matter completely up to date, here is a statement of the work which has been done during 1937 with some of the Government and publicly-subscribed funds.

After explaining that the latest experiments are founded upon the hope that,

through inoculations, antibodies may be built up within the bloodstream and from this will arise lasting protection. *Time* for 17th Jan., 1938, reports:—

> "Dr. William Ewart Gye, director of Britain's Imperial Cancer Research Fund . . . found that even in the blood of chickens with growing cancers there may be antibodies in amounts detectable by chemical means. 'A hen may carry a tumour,' he wrote, 'and have at the same time more than enough of the immune body in its circulating fluids to neutralise the whole of the virus in its tumour, and the tumour nevertheless continues to grow.' The reason appeared to be that the cancer virus takes refuge inside the body cells, where the antibody for some reason cannot penetrate. The chicken is thus in the unfortunate position of a military commander who has enough troops to wipe out an enemy if he could get them out of jail."

I advise the reader to ponder, re-read and memorise these statements.

Truly "Man never is but always to be blest."

CHAPTER VII

SOME NOTES FOR PRACTITIONERS AND HOME TREATMENT

Dietetics

Positive: The aim here is to allow the normal nervous controls to regain their authority. Nutrition is invariably disturbed, and soured tissues (acidosis) must be restored to a sweet and wholesome condition. Of primary importance to this end are the fresh, green, leafy vegetables, which the patient must learn to chew with very great thoroughness. Deep breathing is a remarkable help toward a full appreciation and enjoyment of natural foods, as well as encouraging normal digestion, assimilation and elimination. Sun-baths, natural and artificial, make for increased utilisation of the cleansing salts, and so restore normal action to a debased bloodstream.

Because of the frequently-cultivated bad habits of starch or meat excess in feeding, it may be necessary to discontinue all food for a short spell. In many serious cases, once normal assimilation

has been restored, a period of quite uncooked foods, such as vegetable salads, fruits and milk, may be advisable until the immediate danger has passed. Gradually this can be merged into a normal Nature Cure diet as the health improves. The dietary is outlined in "What to Eat for Health" (see Appendix, par. 2, and end of Chapter II).

Negative: Fasting may be dangerous if carried beyond the period necessary to relieve the depurative organs and the congested lymphatics. Whenever natural hunger manifests itself, it is better to supply natural foods to restore normal balance, but food should not be forced with the idea of making up lost weight. There is often difficulty with onlookers here, particularly in the early stages of cure. But it should be obvious that the less bodily tissue there is to keep clean, the less work is required from the cleansing organs, therefore the greater the margin of safety. Above all, the cancer patient must eliminate from his dietary all tea, coffee, and the rapidly-decaying foods such as fish and chicken. The same caution applies to boiled and pasteurised milk. Starches should be kept at a minimum.

Hydrotherapy

Positive: A favourite saying of Dr. Lindlahr's was: "There is no such thing as a cure-all; if there was, it would be cold water properly applied." The cold compress is the most useful hydropathic method of home application, but, under ordinary circumstances, it is essential that any local compress should be accompanied by one on the body or waist. This to encourage normal kidney, liver, adrenal and bowel action. Full instructions on how to apply compresses and other water treatments will be found in "Hydrotherapy" (see Appendix, par. 4).

Negative: Hot compresses and hot water bottles applied over the seat of discomfort may give relief, but often they do considerable damage. Any hot application should be applied only on the instructions of a fully-trained Naturopath. Likewise with local cold compresses. Whilst the waist or body compress is generally safe, a purely local application may encourage the formation of local fontanelles. Not only are these usually unpleasant, but they may be disfiguring and dangerous.

Manipulation

All lesions which affect the tumour area or the alimentary tract should receive first attention. Muscular relaxation may be a great relief in painful conditions. As a rule it is well not to encourage further activity in the tumour itself, but manipulation and passive movements should be designed to drain thoroughly the surrounding areas. Manipulation of spinal nerves to stimulate normal activities in the kidneys, liver, skin and lungs, should be applied according to the patient's physical condition.

Naturally, it is not advisable to give local manipulative attention if secondaries have formed within any of these organs. A general encouragement of the digestive organs and the circulation is always a safe procedure. Increased alkalinity, arising out of better digestion and assimilation of a balanced diet, makes for more controlled nervous responses and rapid encystment of any growths which cannot be discharged or reabsorbed.

Mental

Positive: No matter how sick a man may be, if he has some urgent ambition

—something which he considers not only of great importance, but something which he alone *must* do, such a patient may be counted upon to overcome almost any physical disability. Therefore, the encouragement of ambition in a patient may be of the greatest therapeutic value. The ideal patient is the one who simply must get well in order to do something—that is always a hopeful sign. The patient who has nothing to live for is the typically incurable patient—no matter what the name of the condition.

Negative: It is important to clear away fear and hatred: every sort of fear—fear of microbes, fear of operations, and, all too often, fear of life and its responsibilities. The emotionally religious type of patient is frequently torn with family, sectarian and economic hatreds, which prevent any advance towards recovery. Hatreds, which a generation ago would have been sectarian, are to-day becoming much more openly moved into the economic field. The ideal treatment here is impossible—outwith the physician's province—but much can be done—apart from attempts at clearing up special difficulties—by arousing within the patient an impulse to do something

for the sake of helping someone, or for the sheer joy of doing it.

Where intense feelings exist because of civil conditions, individual fears have to be studied and solved, each as a separate problem. If the patient works up desire for revenge, it is usually practicable to coax his thoughts and ambitions back to the worth-while things *he,* as an individual, *has done and hopes to accomplish in the future.*

By exceedingly careful handling, group hatreds may even be turned to a good purpose. Encourage the man who hates people because of political or economic conditions, to ponder how he would put things right if he had the power.

That is for many the first step towards High Level Health. The most potent therapeutic forces are aroused into action when the patient's own desire is to be well in order to do something constructive. When everything in the patient's being is subordinated to that end, health attainment becomes a practical possibility, even in most desperate cases.

To that extent George Eliot's thought regarding Justice may be made to apply: Health "is not without us as a fact; it is within us as a great yearning."

APPENDIX

1. THE HEART: THE PREVENTION AND CURE OF CARDIAC CONDITIONS BY THE LINDLAHR-THOMSON METHOD, INCLUDING HOME TREATMENT.

   By James C. Thomson. Diagrams and Line Drawings by C. Leslie Thomson.

   Published by Thorsons, 3/6 net.

2. WHAT TO EAT FOR HEALTH.

   Personal Health (Nature Cure) Monograph No. 1.

   By Bertram T. Fraser, M.A., B.Sc., and co-authors.

   Published by Thorsons, 1/- net.

3. APPENDICITIS.

   Personal Health (Nature Cure) Monograph No. 2.

   By James C. Thomson and co-authors.

   Published by the Incorporated Society of Registered Naturopaths, 7d.

4. HYDROTHERAPY (THE WATER CURE).

   Personal Health (Nature Cure) Monograph No. 4.

   By Alex C. Barthels and co-authors.

   Published by the Incorporated Society of Registered Naturopaths, 7d.

STOP PRESS!

Insurance

Since sending the MSS. of this Monograph to the Publishers I have received a number of communications which have a direct bearing upon many of the matters discussed. Quite a number of old patients appear to have been roused into action by the personal promise of the Minister of Health to investigate the cancer problem. I have made no attempt to reproduce the majority of the letters received, but both on this subject and on the insurance aspect, readers who are interested may receive guidance and information from the selected extracts.

The letters relating to insurance are particularly illuminating, not only in an abstract, but as a warning to those who are contemplating taking out a sickness or accident policy. For all Nature Cure patients the moral would appear to be to make certain that no clause appears which permits pressure to be brought to bear to force medical or surgical treatment as an alternative to loss of benefit.

In addition to this, here is the professional advice of the chartered accountant friend whose letter is quoted below:

"I would advise all those who contemplate taking up a sickness policy or sickness and accident policy, *before completing the proposal*, to insist that the certificate of a registered Nature Cure practitioner be accepted as evidence of sickness or incapacity, for claim purposes.

"No doubt some offices may resist, *but the condition has already been conceded by some of the large companies.*"

"London,
"Jan. 12th, 1938.

"I said I would let you know the result of my claim against the —— (Insurance Company) for sickness benefit. Well, they have turned it down on the grounds that the Prospectus only provides for cases treated in hospital as the result of a major surgical operation. The manager said: 'You will appreciate that the range of benefits provided cannot in any way be regarded as covering assistance in respect of the fees for treatment by a Nature Cure physician,' and also that 'they did not give assistance towards ordinary medical expenses.' I maintain that this decision is contrary to the spirit and letter of the benefits provided. My condition could in no way be considered as 'ordinary medical.' And my belief was that I was covered for 'the provision in advance against the possibility of heavy expenditure which cannot be foreseen' with 'the sole object of helping people of moderate means.' I certainly had an 'unforseen, dangerous illness,' but that is their decision and I am appealing against it.

"You will be glad to know that I am progressing and feeling very fit. Nature Cure has done the job, and if I may say so, has done it exceedingly well."

This patient has received the following advice from a C.A. friend:—

"I am very sorry to learn that the —— (Insurance Company) has turned down your claim. If I were in your position I should certainly press the matter.

"For my own part, I am at a loss to understand why any insurance company should be hostile to Nature Cure practitioners, who in reality are their very best friends. *Many of these companies are, in my own knowledge, to-day collecting premiums on policies which would undoubtedly have been death claims years ago but for Nature Cure methods.* One would imagine that the sheer 'hard cash' aspect of this matter would have induced the companies to examine before rejecting. Some of the better-managed of them are gradually thinking so for themselves.

"To enable me to judge what influenced your worthy Council in arriving at their decision, would you let me have the 'prospectus' to which you refer, the wording of the policy and the policy conditions. I want to be clear whether your claim failed through not coming within the strict wording and interpretation of same, or simply through prejudice against Nature Cure.

"My own feeling, based on the limited information before me, is that you should not give up hope of a recovery. The last thing any insurance

company wants is to get publicity in a case contesting a reasonable claim—it is very damaging. If your case has so far failed because of its Nature Cure connection, the present state of public feeling against medical oppression has created an atmosphere most unfavourable to them. As I indicated to you at our last meeting, I have succeeded in getting the —— (Insurance Company), which is one of the largest in the city, to accept the Certificate of a member of the Incorporated Society of Registered Naturopaths."

——.

Cancer "Research"

Here are two letters which have gone to Sir Kingsley Wood. They explain themselves. (In each case the wording is approximate only, as the letters have been reconstructed from rough notes.)

To Sir Kingsley Wood,
Minister of Health.

University Club.

Dear Sir,

You announced recently in a Cancer Research Appeal that you intended to leave no stone unturned which would lead to the solving of the problem of cancer.

Presuming on this statement, may I bring the following to your notice?

I have been engaged in the practice of medicine for twenty years, and the question of malignancy has always interested me intensely. In following up the results of cancer cases both in practice and in hospitals, these results following operation,

X-ray or radium therapy can only be described as disappointing—a fact borne out by statistics.

I found that in Edinburgh there is a School engaged in the treatment of disease on new lines and with remarkable results, even in cases of advanced malignancy.

I then found myself in the position of having, a year ago, to put my theories to the test. I discovered that I was suffering from carcinoma (a form of cancer).

The diagnosis was confirmed by three eminent specialists. Immediate operation was advised. I was told that without it I could not live more than nine months at the longest. I refused, and radium treatment was then urged. This I also refused.

In Edinburgh I underwent treatment in the School of Natural Therapeutics, with the result that I have *steadily improved in health;* the growth has become encapsulated and is shrinking, and I feel more convinced than ever that cancer can be cured.

If you are interested, I shall hold myself in readiness to furnish further data.

After going to Edinburgh I consulted three eminent surgeons there, who all again urged immediate operation, and two of them suggested that this should be followed by deep X-ray therapy.

It might be argued that all seven of us have been mistaken in the diagnosis. If so, the issue is not simplified, as this would indicate that many such mistakes occur; also there is the fact that the incidence of mortality increases. At the very least I have escaped a mutilating operation.

I am, etc.,

——, M.B., Ch.B.

This doctor has received a reply from the Ministry of Health, the wording of which is reproduced on the Frontispiece. The important part of the reply is as follows:—"The Minister . . . is not disposed to take special action."

To Sir Kingsley Wood,
Minister of Health.

Dear Sir,

In thinking over your appeal on behalf of sufferers from cancer, I feel compelled to write and put before you the case of my mother. It may, perhaps, do some good with regard to a thorough investigation.

The facts are as follows:—My mother in 1925 was pronounced as incurable by doctors in Harley Street, and was only given a very short time to live. Her health was such that an operation was out of the question. We had heard of Nature Cure, which was effecting some astonishing cures both for cancer and other ailments. My mother decided to go to Edinburgh and take up treatment. After some months she was decidedly better and was able to live for twelve years in comparative bodily comfort.

Millions are being spent for research work. Why not look into this? I most strongly urge you to make a most exhaustive investigation into this entirely commonsense treatment.

I am, etc.,

———.

The reply received by this gentleman reads :—" The Minister . . . is not disposed to take special action."

. . . .

Here is an important letter which has gone to Sir Kingsley from Glasgow :—

4th March, 1938.

Dear Sir,

As a result of your Christmas broadcast I wrote you giving full particulars of my case . . . as I have received no acknowledgment of my letter I imagine it must have gone astray.

I am therefore taking the liberty of repeating the principal points . . . in the hope that they may be of use to you in your investigation.

1. In May, 1932, at the age of 62, my condition was diagnosed as cancer of the mouth. After two spells of radium treatment . . . the pain had become unbearable (I had no pain before the radium was applied). When I was asked to come in for a third course of treatment I could not bear the pain any more and decided against the radium as the consulting surgeon admitted that he had lost all faith in it.

2. Through friends I had heard of cures performed at the Edinburgh School of Natural Therapeutics. . . . At that time everything I took seemed to make the agony worse, and my state of mind was such that I did not care whether I lived or died. After my first treatment I began to experience relief, and in two weeks' time I was free from pain. From

that time I began to improve rapidly, and in a few months I was able to resume work.

3. My work to-day is strenuous. Not only do I supervise my own business, but I am on the road every working day and do as much work in that way as any of my own travellers. This is wearing work, averaging between ten to eleven hours daily, and I think it is fairly good indication of my present condition when I tell you that I now finish my day's work as fresh as I used to be twenty years ago.

4. . . . Since my cure in Edinburgh I have not had one single day's illness, and scarcely a week passes but someone remarks upon my healthy appearance. Three years ago I resumed my former recreation of swimming and diving in the early mornings, and recently I have been able to play a hard game of badminton and keep my end up against young players of from seventeen to twenty-five. I think you must admit that the cure in my case was very satisfactory, even although I had got to a very low state.

In my previous letter I offered to let you have any further details you wished, and I still hold myself ready. . . . I am sure it would repay your department to investigate the work being done by the Edinburgh School of Natural Therapeutics.

I am, etc.,

Explanatory Note

My sincere apologies are due to my publishers for requiring them to insert

this last letter and other belated material after the final proofs had been returned to the printers.

I consider the letter *a propos.* It is, by itself, almost a complete synopsis of my statement. First there is the place of radium in relation to the unbearable pain. That is a frequently repeated experience of cancer patients.

I would ask the reader to note particularly the irrepressible joy of living which comes from a man who is now 68 years young, in that phrase:—"and keep my end up against young players."

Implicit in the whole letter also is what I mean by a satisfactory cure: the attainment of *high-level health* which is something vastly more than a mere absence of symptoms.

I challenge the generously financed cancer research bodies to produce anything in the same category.

Pasteurisation of Milk

In the *British Medical Journal* for Jan. 15th, 1938, Dr. Norman MacFadyen quotes a statement from the Sanitary Inspector of Letchworth:—

"If it had not been essential for the dairy trade of to-day (a series of large combines

collecting milks of various ages over a wide area) to find some system whereby they could ensure delivery to the consumer in a sweet condition, it would appear doubtful that general pasteurisation of milk would ever have come to the fore. . . . Most systems of pasteurisation involve the use of comparatively long lengths of pipe lines. Unless these can be effectively sterilised, the milk becomes contaminated after pasteurisation."

This, I think, gives both the real reason for pasteurisation and one of the very grave dangers. Dr. MacFadyen's own conclusions are summed up in these words:—

"Pasteurised milk, in spite of all the elaboration and expense entailed in its production, has nothing to boast about. The great need to-day is for an abundant supply of fresh, pure milk at as cheap a price as possible, and I believe that if our Government and local authorities were really determined that the people should have this, many difficulties would disappear and a natural supply would become available. *Pasteurisation is a second best, and may easily become a dangerous second best.* . . . It seems to me very probable that this pasteurisation campaign may very easily seriously retard the campaign for pure milk and healthy cattle in this country."

(My italics.)

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